

MINORITY BUSINESS ENTERPRISE IDENTIFICATION AFFIDAVIT

State of _____

County of _____

I hereby declare and affirm that I am the _____ (Title) and
duly authorized representative of _____ (Name
of Firm) whose address is:

I hereby declare and affirm that, as defined by Sec. 288.703, Florida Statutes, I am a Minority
Business Enterprise and that I will provide information to document this fact upon request.

This firm is interested in quoting/bidding/submitting on the following categories of work being
procured for the _____, Bid/RFP/RFQ File # _____:

This firm has MBE certification from the following agencies:

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE
CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT AND THAT I AM
AUTHORIZED ON BEHALF OF THE FIRM TO MAKE THIS AFFIDAVIT.

Date

Affiant

State of _____

County of _____

On this _____ day of _____, 20 ____, before me, _____,
the above signed officer, personally appeared _____, known to me
to be the person described in the foregoing affidavit and acknowledged that he/she executed the same in
the capacity therein stated and for the purposes therein contained.

In witness thereof I hereunto set my hand and Official Seal.

(SEAL)

My commission expires _____